

ATTACHMENT I
STATE OF TENNESSEE VOLUNTARY BUYOUT PROGRAM
APPLICATION FORM

I wish to apply for the Voluntary Buyout Program (“VBP”), and I understand this application form must be postmarked or hand-delivered by 5 p.m. Central time to the VBP Administrator at the address below on or before **July 17, 2015**.

I understand that if I am eligible for retirement benefits under the State’s retirement plan and elect to voluntarily terminate before my VBP application form is approved, my employment will be terminated even if my application form is denied. I understand that instead of voluntarily terminating before my application is considered, I may wait until a decision is made on my application. In the event my application form is approved, and I sign and submit the Waiver and Release Agreement, I will be entitled to severance pay and benefits under the VBP.

I also understand that I may revoke my signed application form by notifying the VBP Administrator, in writing, on or before **July 17, 2015**. The revocation letter must be postmarked or hand-delivered by 5 p.m. Central time on or before **July 17, 2015**. I acknowledge that if I revoke my application form, I shall not be entitled to any severance pay or benefits under the VBP.

I also understand that if I apply for the VBP and am accepted and I do not sign and return the Waiver and Release Agreement, then I will not be entitled to VBP severance pay and severance benefits and my employment will be terminated as of my Voluntary Separation Date. Further, I understand that if I do sign and return the Waiver and Release Agreement and then revoke it, I will not be entitled to VBP severance pay and benefits (but my employment nonetheless will be terminated as of my Voluntary Separation Date). Additionally, my employment will be terminated as of my Voluntary Separation Date. In other words, if I apply for VBP benefits, do not timely revoke my application, and am accepted, my employment will be terminated on my Voluntary Separation Date even if the Waiver and Release Agreement is not signed and returned or is revoked.

I acknowledge and agree that: (i) I understand the terms and conditions of the VBP and that my decision to apply is voluntary; and (ii) my being eligible to apply for the VBP does not guarantee that I will be able to participate -- rather, in addition to being eligible to apply, my application must be accepted (and I must sign and return and not revoke the Waiver and Release Agreement).

I further acknowledge that in order to obtain severance pay and severance benefits I must submit a signed Waiver and Release Agreement to my organization’s designated human resource office on my Voluntary Separation Date. If I do not sign the Waiver and Release Agreement or if I revoke my signed Waiver and Release Agreement, I acknowledge that my employment will be terminated on my Voluntary Separation Date and I will not be entitled to any severance pay or benefits under the VBP.

I understand that State will determine my actual Voluntary Separation Date.

(Name of Eligible Employee - Please Print)

(Signature of Eligible Employee)

(Eligible Employee’s Social Security Number)

(Date)

RECEIVED:

VBP Administrator

(Date)

PLEASE SUBMIT TO:

Department of Human Resources
Attn: VBP Administrator
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, TN 37243-0635

*Application forms and application revocation letters sent by facsimile, electronic mail
or inter-governmental mail will not be accepted.*